

Please type a plus sign (+) inside this box Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	LUD 5501 US
First Inventor	Jean-Christophe Renault
Title	ASTHMA ASSOCIATED FACTORS AS, etc.
Express Mail Label No.	

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Box Patent Application
Commissioner for Patents
Washington, DC 20231

- | | |
|--|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status
See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 46]
(preferred arrangement set forth below)
- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table,
or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 22]</p> <p>5. Oath or Declaration [Total Pages 3]
a. <input type="checkbox"/> Newly executed (original or copy)
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. <input type="checkbox"/> Computer Readable Form (CRF)
b. Specification Sequence Listing on:
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or ii. <input checked="" type="checkbox"/> paper
c. <input checked="" type="checkbox"/> Statements verifying identity of above copies</p> |
|--|--|

ACCOMPANYING APPLICATIONS PARTS

- | |
|--|
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney |
| 11. <input type="checkbox"/> English Translation Document (if applicable) |
| 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations |
| 13. <input checked="" type="checkbox"/> Preliminary Amendment |
| 14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed) |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i)
Applicant must attach form PTO/SB/35 or its equivalent |
| 17. <input checked="" type="checkbox"/> Other: Verified Statement Claiming Small Entity Status |


18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: **09/157,247**Prior application information: Examiner **E. Urban** Group / Art Unit: **1642**

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

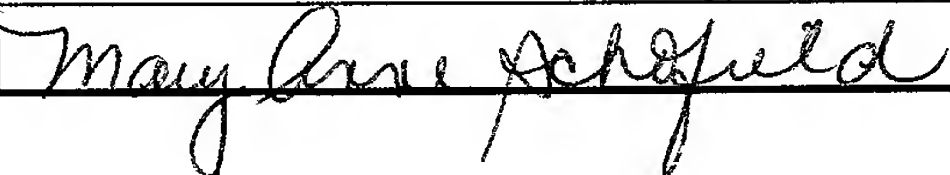
19. CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Labelor ☒ Correspondence address below

Name	FULBRIGHT & JAWORSKI L.L.P. Mary Anne Schofield				
Address	Market Square 801 Pennsylvania Avenue, N.W.				
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Country	US	Telephone	(202) 662-0200	Fax	(202) 662-4643

Name (Print/Type)	Mary Anne Schofield	Registration No. (Attorney/Agent)	36,669
Signature		Date	February 8, 2002

FEE TRANSMITTAL for FY 2002		Complete if Known	
Patent fees are subject to annual revision.		Application Number	Not yet assigned
		Filing Date	Concurrently herewith
		First Named Inventor	Jean-Christophe Renauld
		Examiner Name	N/A
		Group Art Unit	N/A
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	LUD 5501.1 CON. US
TOTAL AMOUNT OF PAYMENT (\$) 830.00			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																														
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div><div><input type="checkbox"/> Deposit Account</div></div> <div style="margin-top: 10px;">Deposit Account Number: 06-2375</div> <div style="margin-top: 10px;">Deposit Account Name: Fulbright & Jaworski L.L.P.</div> <div style="margin-top: 10px;">The Commissioner is hereby authorized to: (check all that apply)</div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application</div> <div style="margin-top: 10px;"><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div>	<div style="text-align: center; font-weight: bold;">3. ADDITIONAL FEES</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge – late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge – late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td>460.00</td></tr><tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr><tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive – unavoidable</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - 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unintentional		142	1,280	242	640	Utility issue fee (or reissue)		143	460	243	230	Design issue fee		144	620	244	310	Plant issue fee		122	130	122	130	Petitions to the Commissioner		123	50	123	50	Processing fee under 37 CFR 1.17(q)		126	180	126	180	Submission of Information Disclosure Stmt		581	40	581	40	Recording each patent assignment per property (times number of properties)		146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))		149	740	249	370	For each additional invention to be examined (37CFR 1.129(b))		179	740	279	370	Request for Continued Examination (RCE)		169	900	169	900	Request for expedited examination of a design application		Other fee (specify) _____						*Reduced by Basic Filing Fee Paid					SUBTOTAL (3) (\$) 0 00
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Mary Anne Schofield	Registration No. (Attorney/Agent)	36,669
Signature		Telephone	(202) 662-4584
		Date	February 8, 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Jean-Christophe Renauld

Application No.: Not yet assigned

Group Art Unit: Not yet assigned

Filed: Concurrently herewith

Examiner: Not yet assigned

For: ASTHMA ASSOCIATED FACTORS AS
TARGETS FOR TREATING ATOPIC
ALLERGIES INCLUDING ASTHMA AND
RELATED DISORDERS

TRANSMITTAL LETTER

Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed are the following items for filing in connection with the above-referenced
Design Patent Application:

1. Fee Transmittal
2. Continuation Patent Application Transmittal
3. Petition for three-month extension of time
4. Preliminary Amendment
5. Specification (46 pages) and Figures 1-22 (22 sheets)
6. Declaration
7. Associate Power of Attorney
8. Statement Claiming Small Entity
9. Statement Pursuant to 37 C.F.R. 1.821 (f) and (g)
10. Request to Transfer the CRF (Disk)
11. Sequence Listing
12. Check in the amount of \$830.00 to cover filing fee.

The Commissioner is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 06-2375.

Dated: February 8, 2002

Respectfully submitted,

By Mary Anne Schofield
Mary Anne Schofield
Registration No. 36,669

FULBRIGHT & JAWORSKI L.L.P.
Market Square
801 Pennsylvania Avenue, N.W.
Washington, DC 20004-2604
(202) 662-0200

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Jean-Christophe Renauld

Application No.: Not yet assigned

Group Art Unit: N/A

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Examiner: N/A

For: ASTHMA ASSOCIATED FACTORS AS
TARGETS FOR TREATING ATOPIC
ALLERGIES INCLUDING ASTHMA AND
RELATED DISORDERS

STATEMENT PURSUANT TO 37 CFR 1.821 (f) and (g)

Box Sequence

Commissioner for Patents
Washington, DC 20231

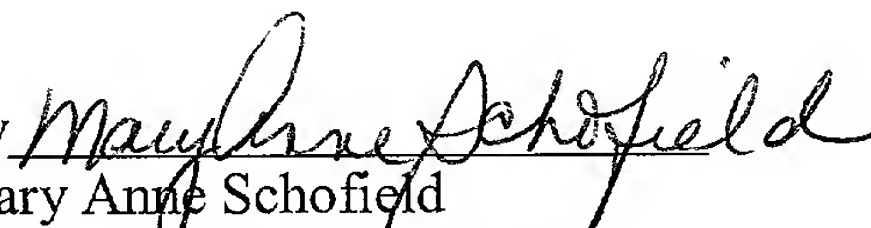
Dear Sir:

The undersigned hereby declares that:

1. I am an attorney registered to practice before the U.S. Patent and Trademark Office. My Registration No. is 36,669.
2. Pursuant to 37 C.F.R. § 1.821(f), the content of the paper copy required by § 1.821(c) is the same as that in the computer readable form required by § 1.821(e), submitted December 17, 1999 in application Serial No. 09/468,433.
3. Pursuant to 37 C.F.R. § 1.821(g), the submitted Sequence Listing in both paper copy form and computer readable form contain no new matter.

Respectfully submitted,

Dated: February 8, 2002

By 
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Jean-Christophe Renault

Application No.: Not yet assigned

Group Art Unit: N/A

Filed: Concurrently herewith

Examiner: N/A

For: ASTHMA ASSOCIATED FACTORS AS
TARGETS FOR TREATING ATOPIC
ALLERGIES INCLUDING ASTHMA AND
RELATED DISORDERS

REQUEST TO TRANSFER THE CRF (DISK)


Commissioner for Patents
Washington, DC 20231

Dear Sir:

Applicants submit concurrently herewith a paper copy of a sequence listing reciting the appropriate information in this application, a Statement Under § 1.821 (f) and (g) and a request to have the CRF from the prior application, Serial No. 09/157,247, transferred to this file.

Dated: February 8, 2002

Respectfully submitted,

By 
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